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① Mental health
② Children

# A REPORT ON SERVICES TO CHILDREN

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# A REPORT ON SERVICES TO CHILDREN

## INTRODUCTION:

This report was prepared at the request of the Honourable Dr. A.T. Rowe, Minister of Health, and is an appendix to the "Outline of Mental Health Services in Newfoundland", which has been previously presented to government. The report was prepared by the Division of Mental Health Services in collaboration with personnel from the Department of Education, Department of Rehabilitation and Recreation, Memorial University of Newfoundland, School Medical Health Office, Department of Social Services, and personnel from local mental health programs.

## PROBLEMS:

The single major problem in the area of services to children is the lack of sufficient numbers of adequately trained personnel. We simply do not have enough speech therapists, clinical psychologists, child psychiatrists, social workers, educational psychologists, paediatricians, reading therapists, etc.

The shortage of professionals is compounded by the fact that those people we do have do not function in the optimum manner. Existing services are established to favour crisis intervention rather than prevention. Countless research projects have demonstrated that many problems begin in infancy, yet virtually none of our programs reach this level.[1]

Existing services are concentrated in one or two cities and generally tend to favour the middle classes rather than the lower classes. Usually too much time is spent on mild middle-class problems, while the more serious problems are ignored because of their poor prognosis and low level of achievement for the therapist.[2] We concentrate on those likely to be cured, rather than on the tough cases.[1]

It seems now to be generally accepted, both in Newfoundland[3,4] and the rest of North America[5,6,1] that there is an obvious and imperative need to update and co-ordinate services and agencies working with children. In a Canada-wide study it was concluded that "The major problems in the organization and delivery of services as we have seen them are therefore, the lack of planning and of coordination of services and the fragmentation not only of services but also of the helping professions".[7] Up until now, the delivery of services to children has been determined more by the needs of various professional groups, institutions, and government departments, than by the needs of children.

At the present time, none of the government agencies or departments have sufficient funds to hire much needed professional staff. However, if we were able to share staff and establish complimentary, rather than duplicative, inter-departmental staffing action, we could provide a more effective and less costly service. The objectives of this cooperative effort would be:

1) To assist children who have emotional, learning, and behavioural problems at the time when these problems first become manifest.
2) To influence the development of school environments and mental health attitudes which are conducive to the optimum realization of learning ability and sound mental health in children.
3) To increase the in-service educational opportunities for various professional groups and government agencies providing services to children, with particular emphasis on increasing awareness of related disciplines.

NEEDS:

In order to accomplish these stated goals, there are a number of specific needs which must be met:

1) A need for mobile teams of specialists who can provide consultative services, as well as the assessment and treatment of children living in the more rural areas of the province, on a week-to-week basis.
2) A need for small group homes for children who require relatively long-term residential care.
3) A need for small multi-professional units which specialize in the assessment and treatment of children's

problems which cannot be handled within the classroom or home.

4) A need for short-term residential treatment facilities.

5) A need for in-service education and information exchange programmes for all agencies involved in providing services to children.

6) A need for pre-school day care centres.

7) A need for more specialized personnel (speech and reading therapists, educational psychologists, vocational guidance counsellors) to work in the school system, together with back-up professional support from health services.

SOLUTIONS:

It is felt that these needs can be best met by having the same professional staff serve all needs whenever possible, and by having the various involved agencies and government departments (1) share staff, (2) use complimentary employment practices, and (3) create a single administrative structure.

"If more effective use is to be made of scarce manpower we cannot continue to create situations where the professional, who in the community setting has become familiar with both the child and his family, loses all contact with them when it is necessary to transfer the child to a residential facility."[8]

CHILDREN'S SERVICES BOARD

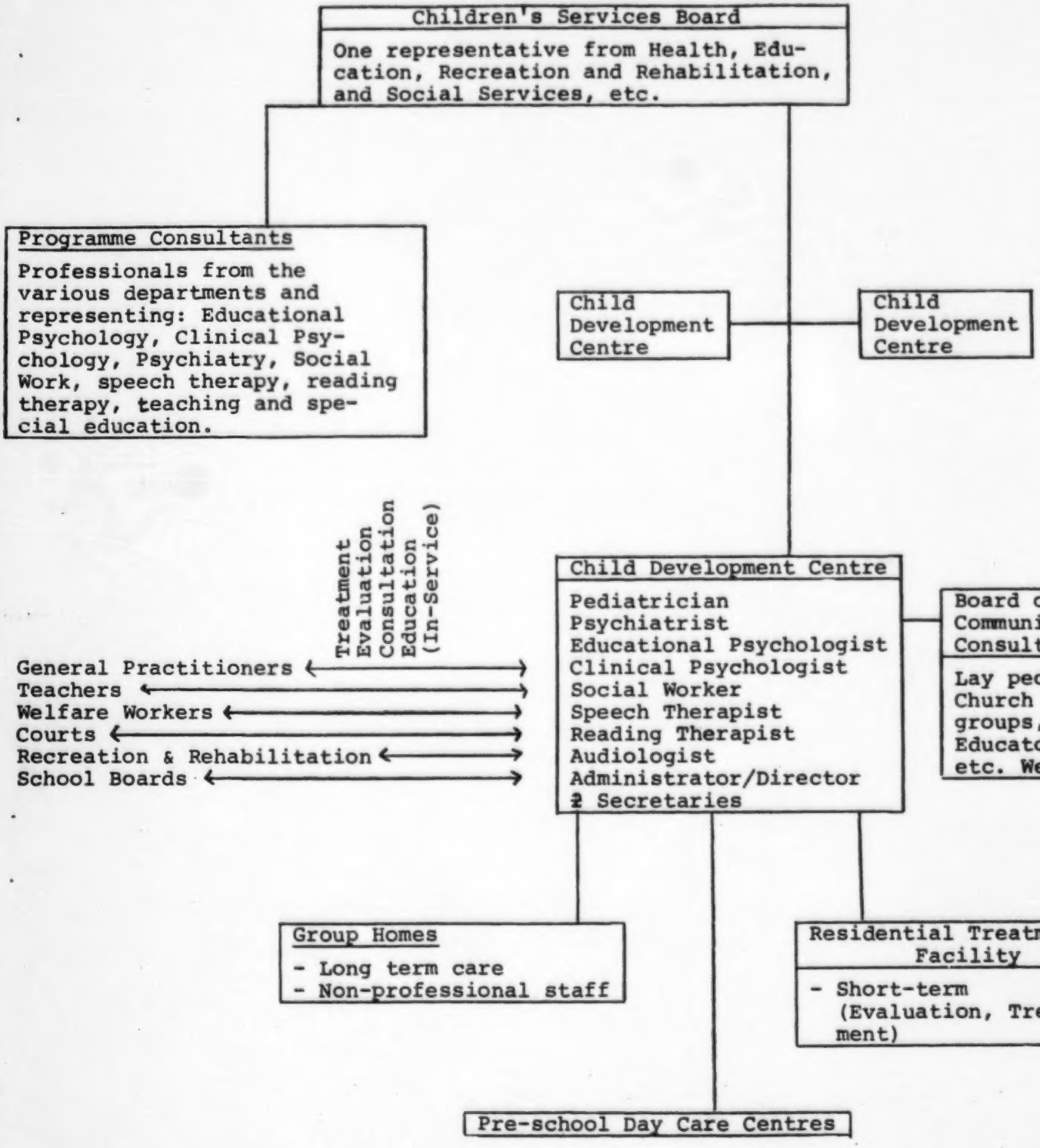
The needs of children could be more readily met by the formation of a "Children's Services Board". This Board would have representation from the Provincial Departments of Health, Rehabilitation and Recreation, Social Services, Education, and any other department or division concerned with provision of services to children. It would be the task of this Board to supervise the provision of services to children through a series of regional "Child Development Centres" (see Figure 1).

For the future, we see the need for a coordinated "regionalization" of Newfoundland and Labrador by various government departments. What we have called "Child Development Centres" will need to be established in six to ten areas of the province. To begin with, however, it is felt that the best course of action would be to establish four Centres on a research/exploratory basis: one in St. John's, one in Corner Brook, one in Labrador City, and one in Central Newfoundland.

CHILD DEVELOPMENT CENTRES:

The emphasis in the functioning of these centres is on the provision of services to children, not which department should do this or that, or which professional group should be responsible for or "in charge" of any particular child.

FIGURE I


Children's Services Board
One representative from Health, Education, Recreation and Rehabilitation, and Social Services, etc.
Programme Consultants
Professionals from the various departments and representing: Educational Psychology, Clinical Psychology, Psychiatry, Social Work, speech therapy, reading therapy, teaching and special education.
Child Development Centre
Child Development Centre
Treatment
Evaluation
Consultation
Education
(In-Service)
General Practitioners
Teachers
Welfare Workers
Courts
Recreation & Rehabilitation
School Boards
Child Development Centre
Pediatrician
Psychiatrist
Educational Psychologist
Clinical Psychologist
Social Worker
Speech Therapist
Reading Therapist
Audiologist
Administrator/Director
2 Secretaries
Board of Community Consultant
Lay people
Church groups,
Educators,
etc. Welfa
Group Homes
- Long term care
- Non-professional staff
Residential Treatment Facility
- Short-term (Evaluation, Treatment)
Pre-school Day Care Centres

The development and establishment of Centres should give total emphasis to staff (getting the right kinds in sufficient numbers) rather than buildings. "Buildings are barriers to human contacts. Buildings mean busy-work, record keeping, report writing, and case conferences. Buildings guarantee that not one-tenth of the time of the professional worker will be devoted to wrestling with the problem of mental health in the community. Buildings become professional 'hideouts' which perpetuate the status quo".[9] To be sure, buildings will be required, but office space, coffee rooms, lounge and waiting areas should take second place to the hiring of qualified staff. Some workers in the area have even suggested eliminating offices altogether, on the grounds that staff should be out in the community. Although we would not go that far, one of the areas that will be researched when the demonstration Centres are established is the amount of office space required, and various methods of getting the most use out of the smallest amount of space.

During the demonstration period, Child Development Centres should be staffed by a minimum of 1 Educational Psychologist, 1 Social Worker, 1 Speech Therapist, 1 Audiologist, 1 Reading Therapist, 1 Paediatrician, 1 Clinical Psychologist, 1 Child Psychiatrist, 1 Administrator/ Director, and 2 Secretaries. We realise that, because of the scarcity of professional staff, some of these positions may have to be filled on a part-time basis.

Establishment and operation of these Centres will be on a research-demonstration basis. Careful recording and analysis of relevant data will allow for determination of such things as optimum office space required, need for additional personnel, optimal travel time vs professional contact time ratios, and many operational details which are best ironed out before a greater number of regional centres are established.

The screening and selection of staff members for the Child Development Centres would be accomplished by the Unit Administrator/Director. He would of course take full advantage of the Board of Community Consultants, and members of the Child Development Centre, in making his decision. All appointments and terminations would require the final approval of the Children's Services Board.

Administratively, the staff would all be on the payroll of the Children's Services Board rather than some being with Education, others with Health, etc. All staff report to the regional Child Development Centre's Director, who in turn reports and is responsible to the Children's Services Board.

The Administrator/Director is responsible for the administration of the CDC and also the regional coordination of any Group Homes, Pre-School Day Care Centres, and Residential Treatment Facilities in the area. The Administrator/ Directors of the various CDC's should be administrators, and

definitely should not be professionals in the Health Science or teaching areas. This will accomplish two things: (1) It will prevent the all too common error of removing good therapists to fill administrative posts, and (2) It will prevent conflict among various professional groups trying to catch top administrative posts. The Administrator has a function different from but not superior to the other staff. His salary should be no higher than that of others on the staff.

The Child Development Centres will have five main functions:

1. Evaluation of children referred to the Centre by General Practitioners, Teachers, Welfare Workers, Courts, and Public Health Nurses. For children of school age, this evaluation would be in addition to and as a result of preliminary evaluations by Educational Psychologists working within the school system, and would not take the place of these purely educational evaluations.
2. Treatment of those disorders which cannot be dealt with through consultation, and which are best dealt with by a multi-professional group not working within the confines of one of the established services.

The orientation will be towards high-intensity, short-term treatment directed at returning the individual to normal functioning as quickly as possible.

3. Consultation with General Practitioners, Teachers, Welfare Workers, Courts, School Boards, and other agencies concerning the problems of individual children as well as the more general problems incurred in trying to match systems to groups of children. The kind of problems dealt with here are factors which influence the general mental health and well-being of the community - e.g. acceptable student-teacher ratios, standards of pre-school health care supervision, etc.

4. Education, primarily of an in-service nature, but also involving a certain amount of general community education. The emphasis here will be on bringing in groups (or going into the community to visit groups) so that a) the various staff at the centre learn more about the problems, orientation, concerns, etc., of the various disciplines and agencies working with children in the area, and b) the various groups of people have a chance to benefit from the multi-

disciplinary knowledge resource -- a chance to increase their own problem solving abilities. We see this function as being of vital importance. The shortage of sufficient numbers of professionals forces us to make optimum use of their time. One way of doing this is to have the professionals spend a good proportion of their time in training others.

In some ways, the CDC's will serve as an extension of the University. There is an urgent need to upgrade the training of many people who are currently working with children. Once established, these CDC's will alleviate the problem by providing training courses for a variety of professionals from different Departments of Government.

5. Research, both basic and operational. Research during the demonstration period will be almost entirely operational in nature. Careful recording and evaluation of a variety of data will be necessary in order to determine a great number of points: e.g., a) How many speech therapists, social workers, etc., are required in any given Centre, b) What is the maximum size of the

area which a team can cover without over-extending themselves, c) How many hours per week should the various professions spend in their offices, and how many hours should be spent out in the community.

This sort of operational research will continue after the evaluation period, but will be supplemented by research projects concerned with evaluating methods of treatment, studies of the etiology of various problems, etc.

Some of the most important data to be gathered by these teams concerns the actual incidence of various disorders in the different regions. Right now, all we have is estimates. Estimates of the number of children suffering from emotional or learning disorders have ranged up to 25%. However, even a conservative estimate of 12% means that we are confronted by something like 19,000 cases!

Each Child Development Centre will have a Board of Community Consultants made up of representatives from school boards, regional welfare office, health, etc. The purpose of this board will be to facilitate communication and coordination. Problems in the community can be brought to the immediate attention of the Centre. Problems encountered by the Centre can be brought to the attention of the Board of Community Consultants for their assistance. The Board of

Community Consultants does not control the Centre; it serves more as a facilitator. The staff of the Centre is responsible directly to government via the Children's Services Board.

In addition to serving the four functions listed above, the Child Development Centres should also be responsible for Group Homes, Residential Treatment Facilities, and Pre-School Day Care Centres in the area. It is virtually impossible for these types of facilities to receive adequate supervision and support from "Head Office" in St. John's. Likewise, it is most difficult for administrators working in St. John's to evaluate the needs and limitations of services so far removed from St. John's.

What is suggested is that total responsibility for the development and operation of residential treatment, and day-care programs in the various regions should rest with the Children's Services Board. The Child Development Centres, then, in addition to providing professional back-up, training and day-to-day consultation, would also be the field supervisors/administrators for the Children's Services Board. Recommendations for increased or decreased staff, additional facilities, etc., would be channelled through the Child Development Centres as the agency responsible for coordination of services in the area.

Existing Services:

At the same time as there is a need for introducing the recommendations presented earlier in this report, it is imperative that we increase the quality of services being provided by existing institutions and government departments. The exact and specific needs of the various

programs will be more readily determined after the Child Development Centres have been established and data gathered by them has been evaluated. There are, however, some general observations which can be made at this time.

Within the school system, there is an urgent need for Educational Psychologists and Reading Specialists. At the present time children are either not being evaluated properly, or there do not exist in many areas people who can follow-up the evaluation with recommendations and specific remedial activities. In some areas children who require evaluation of learning difficulties are referred to Clinical Psychologists working in Mental Health Units. This procedure is inappropriate not only because referral to Mental Health Units causes concern to children and their parents, but also because Clinical Psychologists and Psychiatrists are not trained or properly qualified to answer the questions and do the work of Educational Psychologists.

Also within the school system, there is a need for more teachers, particularly in the elementary grades, so that more reasonable Student-Teacher ratios might be obtained. There are, at the present time, some classes with student/teacher ratios of 40/1 or higher. This is simply not acceptable. The result of this kind of situation is a greater number of children with learning difficulties, behavioural disturbances, and deteriorated mental health. Although at face value such overcrowding appears to save dollars, in the long run it is more costly due to the greater number of "under-achievers", children who become adults who either have behavioural problems or who are not psychologically able to function at their optimal level.

If Child Development Centres are established in several regions throughout the province, local Mental Health programs will have to ensure that a Child Psychiatrist is available on a consulting basis, and that a limited number (two to four) of hospital beds are available for the occasional short-term use of children with psychiatric problems.

Although the staff of the Child Development Centres will be available for extensive consultation and assistance, regional facilities for retarded children will need to hire their own education and learning specialists. Regional retardation programs will require the services of a social worker, and psychologist, as well as a person trained in special education techniques.

The percentage of the school population requiring the services of speech personnel has been estimated at from three to ten percent.[10] Even if we employ the lower end of this range, it is calculated that more than 4,000 Newfoundland children have speech disorders which require professional attention. Allowing for a maximum case load of 100 children per therapist, at least forty speech personnel are required at the present time. Speech therapists, as well as reading specialists and audiologists are very scarce at the present time. Child Development Centres are one way in which several agencies can make the maximum possible use of the few specialists whom we are able to attract.

IMPLEMENTATION:

Phase I: The first step would be to establish the Children's Services Board. This group will probably have to meet once every week or two, and should be made up of one representative from each of: School Medical Health Office, Mental Health Services, Department of Education, Department of Rehabilitation and Recreation, Department of Social Services. This board would work closely with its Programme Consultants (professionals representing Educational Psychology, Child Psychiatry, Social Work, Clinical Psychology, Speech Therapy, Reading Therapy, and Teaching). The first task of the board will be to establish a fund of money for the purpose of creating four Child Development Centres.

During this phase, the Children's Services Board will need to depend heavily upon the services of several Working Committees selected by and drawn from the ranks of the Programme Consultants (see Appendix I). Working Committees will be necessary in order to handle such details as: (1) determining the necessary qualifications, training and experience of the administrator/directors of the Child Development Centres; (2) writing the position descriptions for the various new positions; (3) advertising for, screening and selecting the administrator/directors; (4) designing the child contact forms and general service data sheets that will be required for administrative and research purposes; (5) planning of operational and basic research;

(6) evaluating treatment and activity effectiveness;

(7) writing an operations manual for the Child Development Centres; etc.

Phase II: Four Child Development Centres will need to be established. The most important step will be to recruit staff. Next, a limited amount of office space should be provided for each centre.

| Staff Required for each Centre | Annual Salary |
|---|---|
| Educational Psychologist | $13,000 - $18,000 |
| Social Work | 13,000 - 18,000 |
| Speech Therapist | 13,000 - 18,000 |
| Audiologist | 13,000 - 18,000 |
| Clinical Psychologist | 13,000 - 18,000 |
| Reading Therapist | 13,000 - 18,000 |
| Administrator/Director | 13,000 - 18,000 |
| 2 Secretaries | 12,500 - 13,500 |
| Child Psychiatrist | MCP - MCP |
| Paediatician | MCP - MCP |
| | $103,500 $139,500 |

Phase III: After completion of the evaluative phase, Child Development Centres will have to be established in other regions of the province. Exactly where and how many additional Centres are required will be determined based on the data gathered during the evaluative phase (approximately one year). It is anticipated that the total number of Centres requried will be between six and ten.

Phase IV: The final phase will involve establishing Group Homes, Pre-School Day Care Centres, and Residential Treatment Facilities. Actually planning and preparation for these facilities can begin during Phase I.

SUMMARY:

What has been recommended is that services for children be coordinated, that this coordination be accomplished at the government level through the formation of a Children's Services Board, and that this coordination be formalized at the regional level via the establishment of local Child Development Centres. Funds for the staffing and operation of these centres would be contributed by all involved grovernment departments. Total money required for each Centre is estimated to be as follows.*

| | RANGE | |
|---|---|---|
| Staff | $103,500 - | $139,500 |
| Building Rental | 5,000 - | 11,500 |
| Furniture | 5,000 - | 12,000 |
| Travel & Expenses | 8,000 - | 15,000 |
| Equipment | 5,000 - | 10,000 |
| | $126,500 - | $188,000 |

*The cost of establishing group homes, etc., is not included here.

APPENDIX I - PROGRAMME CONSULTANTS TO THE CHILDREN'S SERVICES BOARD.

Mr. Cliff Andrews,
Director of Special Services,
Department of Education,
Confederation Building,
St. John's, Newfoundland.

Dr. Charlie Boddie,
Psychiatrist,
Medical Arts Building,
Empire Avenue,
St. John's, Newfoundland.

Dr. Norah Browne,
Paediatrician,
Janeway Child Health Centre,
St. John's, Newfoundland.

Mr. Frank Hann,
Speech Therapist,
Department of Health,
Government Building,
Harvey Road,
St. John's, Newfoundland.

Dr. C. Neville-Smith,
School Medical Health Officer,
Government Building,
Harvey Road,
St. John's, Newfoundland.

Dr. Ron Penney,
Programme Director for
Retardation Services,
Dept. of Rehabilitation and
Recreation,
Confederation Building,
St. John's, Newfoundland.

Dr. Clarence H. Pottle,
Director,
Mental Health Services,
Department of Health,
Chimo Building,
Crosbie Road,
St. John's, Newfoundland.

Mr. Frank Simms,
Director,
Child Welfare & Corrections,
Department of Social Services,
Confederation Building,
St. John's, Newfoundland.

Dr. Carl M. Stroh,
Consultant Psychologist,
Mental Health Services,
Department of Health,
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Crosbie Road,
St. John's, Newfoundland.

Dr. Hedley Way,
Professor and Head,
Dept. of Educational Psychology
Guidance, and Counselling,
Memorial University,
St. John's, Newfoundland.

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